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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/820,527
Filing Date	04-07-2004
First Named Inventor	Christopher Aubuchon
Art Unit	2873
Examiner Name	THOMAS, BRANDI N
Attorney Docket Number	EXAJ-003CON

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
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☐ The address associated with Customer Number: **OR**☒ **Firm or Individual Name** CHRISTOPHER M. AUBUCHON**Address** 1066 Metro Circle**City** Palo Alto**State** CA**Zip** 94303**Country** USA**Telephone** 650-852-0100**Fax** 650-852-0120**Signature** Frank P. Becking**Name** **Registration No.** 42,309**Date** April 5, 2005**Telephone No.** 650-906-1137**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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